FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 717532

(6)

VOLUSIA COUNTY MENTAL HEALTH ASSOCIATION

Principal Place of Business Mailing Address						Y INDL BYBGI BIRDI BIBLI BII)
	EWOOD AVE. EACH FL 32114	531 S. RIDGEWOOD : DAYTONA BEACH FL US					
					3. Date Incorporated or Qualified 3a. Date of Last Report 02/16/1995		
¬ ⊢		2a. Mailing Address	7		4. FEI Number 59-6044669		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$9.7	Not Applicable 5 Additional
27					5. Certificate of Status Desired	1 1 '	Required
Crty & State		City & State			6. Election Campaign Financing	\$5. (OO May Be
70 00000		28		Trust Fund Contribution Added to Fees			
Zip Country 25		∠ιρ 29	Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
<u> </u>	9. Name and Address of Currer		[30]		Florida Statutes 10. Name and Address of New Re		
				81 Name		A STATE OF THE STA	
HARRIS	ON, JACQUELYN		-	82 Street	Address (P.O. Box Number is Not Acceptable	~1	
3047 S ATLANTIC AVE				oz Sireci	Actoress (ro. Box Nomber is Not Acceptable	7)	
DAYTONA BEACH SHORES FL 32118			Ī	83		-	
			-	84 City		85 Z	ip Code
·· .·		· · · · · · · · · · · · · · · · · · ·					•
or register familiar wit SIGNATURE	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authoriz ion 617.0503, Florida Statute:	zed by the ci s.	orporation's	orporation submits this statement for the purp board of directors. I hereby accept the appo	intment as registered	registered office d agent. I am
12.	Signature, typied or printed name of registered agent	and tribul applicable (NK D DIRECTORS	OTE: Registered /	Agent signature re	equired when reinstating!	OATE	CVENCUM 40
TIFLE	TD	DELETE	1.1 TIT	F	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTO	Addition
NAME	CUMMINGS, ANNE M	—	1.2 NA		,	☐ change	L., Addition
STREET ADDRESS	21 SAN JOSE DR			REET ADDRESS			
CITY - ST - ZIP	ORMOND BY THE SEA FL			Y-ST-ZIP			
TITLE	C	DELETE	2 1 T IT	£	С	[] Change	Addition .
NAME	ARVAY, GREGORY	the second second	2 2 NAI	ME	Clark Pennell Pho		
STREET ADDRESS	39 JANA DR		2 3 STF	REET ACCRESS	3959 S. Nova Ste	5	
CITY-ST-ZIP	PONCE INLET FL		2 4 Ci	Y-ST-ZIP	Port Orange,Fl		
TITLE	C	DELETE	3 1 Til	. £		☐ Change	Addition
NAME	CLOWER, MICHAEL		; 3.2 N AI				
STRÉET ADDRESS	378 S. ATLANTIC AVE ORMOND BEACH FL	,		FET ADDRESS		•	
CITY - ST - ZIP TITLE	S	DELETE	3.4 C!	Y-ST-ZIP	S	Change	Addition
NAME	WELCH, CATHERINE M	Tall access	4 2 NA		Jennifer Houston	பு பளருச	אממונוטוו ביי
STREET ADDRESS	102 WILDER BLVD			EET ADDRESS	1335 Fleming Ave.	#40	
CITY - ST - ZIP	DAYTONA BCH FL			Y - ST - ZIP	Ormond Beach,Fl		
TITLE	VC	DELETE	5 1 TITI			☐ Change	☐ Addition
NAME	BERNER, DEBRA ANNE		5 2 NA	#E		_ ·	_
STREET ADDRESS	933 VILLAGE DRIVE		5 3 STF	EET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL	***************************************	5 4 CIT	Y-ST-ZIP			
TITLE	D	DELETE	6 t Ti Ti	.E		☐ Change	Addition
NAME	HARRISON, JACQUELYN		6 2 NA	ME			
STREET ADDRESS	3047 S ATLANTIC AVE		63STF	EET ADDRESS			
CITY-ST-ZIP	DAYTONA BCH SHORES FL	with this files is not set of	6 4 CIT	Y - ST - ZIP	Ef. f. A.	7000	
oath; that	the information indicated on this annu	ual report or supplemental and pration or the receiver or truste	nual report is se empowere	true and ac	lify for the exemption stated in Section 119.0 curate and that my signature shall have the s e this report as required by Chapter 617, Flor	anno logal affact ac i	if made under

SIGNATURE:

Jackie Hauser

SURATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96

(904) 252-5785

Daytime Pho

CR2E037 (12/0